
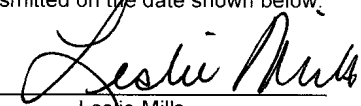


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al. Application No: 09/852,408 Confirmation No: 5388 Filed: May 9, 2001 Title: LOCKOUT MECHANISM FOR AEROSOL DRUG DELIVERY DEVICES			Group No: 3772 Examiner: Nihir B. Patel Attorney Docket No: 00064.00 Thursday, March 13, 2008 San Francisco, California 94107																				
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																				
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$460.00</td> <td style="text-align: center;">\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,050.00</td> <td style="text-align: center;">\$525.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 0.00</td> </tr> </table>		Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00	Total \$ 0.00			<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.
Extension (Months)	Extension Fee																						
	Large Entity	Small Entity																					
<input type="checkbox"/> One Month	\$120.00	\$60.00																					
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<input type="checkbox"/> Three Months	\$1,050.00	\$525.00																					
Total \$ 0.00																							
Fees for Extra Claims																							
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee																	
				Large Entity	Small Entity																		
Total Claims	36	36	0	\$50.00	\$25.00	\$0.00																	
Independent Claims	4	4	0	\$210.00	\$105.00	\$0.00																	
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00																	
Supplemental Information Disclosure Statement																							
Total						\$0.00																	
Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$0.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$0.00</td> </tr> </table>			Extension Fees	\$0.00	Fees for Extra Claims	\$0.00	Total	\$0.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .														
Extension Fees	\$0.00																						
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Total	\$0.00																						
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00 .			Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, California 94107																				
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at (571) 263-8300 or electronically transmitted on the date shown below.			Respectfully Submitted, By:  Date: <u>March 13, 2008</u> Guy V. Tucker Registration No. 45,302																				
By:  Date: <u>March 13, 2008</u> Leslie Mills																							